

Who Should be Screened for HCV?

- Past or current injected illicit drug use
- Persons with HIV
- Recipients of blood clotting factors or organ transplant prior to 1992
- Persons with tattoos
- Persons with unexplained elevated ALT
- Sexual partners of HCV-infected persons
- Persons who have been on hemodialysis
- Health care workers after needle stick injury
- Psychiatric admissions
- Prisoners
- Patients with any autoimmune disease
- Patients with lymphoproliferative disorder
e.g. rheumatoid arthritis, cryoglobulinemia,
lymphomas

Hepatitis C Tests

Anti-HCV antibody

HCV RNA – qualitative

HCV RNA – quantitative

HCV genotype 1-6

Liver biopsy

Anti-HCV Antibody Test

- Used for population screening
- Cheap
- Some false positives and negatives

HCV RNA - Qualitative

- Very sensitive and specific
- Test of choice in patient with elevated ALT or known liver disease

HCV RNA - Quantitative

- Very sensitive and specific
- Used to predict and monitor response to therapy

HCV Genotype

- Used to predict response to and duration of treatment

Liver Biopsy in HCV

- Role is controversial because of cost, potential risks and reliability
- Dictates who should be treated based on stage of disease
- Currently recommended except for patients with obvious cirrhosis

Screening low-risk groups

- Test J = 1/1000 false positives
- Test J 10,000 low-risk people = 10 false positive
(Low-risk = 1/2000 have disease) 5 true positive
67 % false positive
- Test J 10,000 high-risk people = 10 false positive
(High-risk = 1/20 have disease) 500 true positive
0.196% false positive